

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/16/2010  
FORM APPROVED  
OMB NO. 0938-0391

45th 5, 29/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/14/2010
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - MOUNTAIN VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  An annual survey was conducted from April 12, - 14, 2010, at Golden Living Center, Mountain View, Winchester, TN. Complaint investigation #25400 was completed in conjunction with the annual survey and was found to be unsubstantiated with no deficiency cited related to the complaint.	F 000	Disclaimer:  Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.  This REQUIREMENT is not met as evidenced by: Based on medical record review, facility document review, and interview, the facility failed to revise care plans for three residents (#2, #18, #19) of twenty-seven residents reviewed.	F 280	F 280 Right to participate planning care-Revise CP  The facility will revise Care Plans for residents who fall as needed to include interventions to assist in preventing falls. <b>Residents affected:</b> For Resident #2, the Care Plan has been updated to include: "Bed in low position, bed alarm, floor mats by bed, remove side rails and add bolsters, be in hallway when resident is got up in the morning for safety, with body alarm on". For Resident #18, the Care Plan has been updated to include: "Pain Assessment, bed in low position, bed in locked position, therapy screen, bed/chair alarm and wheelchair position". For Resident #19, the Care Plan has been updated to include: "Pain assessment, bed in low position and mats and bed/chair alarm". <b>Residents potentially affected:</b> Residents of the facility who have experienced falls, have the potential to be affected by the cited deficient practice. <b>Systemic measures:</b> During morning meetings, team members will review falls that have occurred and interventions recommended by the Interdisciplinary Team.	5/12/10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Dorinda L. Hale*

*Executive Director*

4/28/10

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	<p>Continued From page 1</p> <p>The findings included:</p> <p>Medical record review revealed Resident #2 was admitted to the facility on August 8, 2001, with diagnoses to include Congestive Heart Failure, Hypertension, Parkinsonism, Dysphagia, and Diabetes Mellitus.</p> <p>Review of facility "Verification of Investigation" report dated December 30, 2009, revealed the resident sustained a fall on December 29, 2009, and received a skin tear to the left lower extremity. Continued review of this document revealed the recommendations from the Interdisciplinary Team included "bed in low position and resident needs bed alarm." Review of the care plan dated March 12, 2009, and updated December 29, 2009, revealed these recommendations were not included in the falls interventions.</p> <p>Review of "Verification of Investigation" report dated January 25, 2010, revealed the resident sustained a fall on January 15, 2010, with no injuries. Continued review of this document revealed recommendation from the Interdisciplinary Team included floor mats by bed; bed low to floor; remove side rails and add bolsters." Review of the care plan updated December 29, 2010, revealed it was not revised to reflect these recommendations.</p> <p>Review of the "Verification of Investigation" report dated February 8, 2010, revealed the resident sustained a fall on February 7, 2010, with no injuries. Continued review of this document revealed recommendations from the Interdisciplinary Team included "be in hallway</p>	F 280	<p>During this review, Care Plans will be updated by the team.</p> <p><b>Monitoring measures:</b> During morning meetings x 3 months, the event reporting and Care Plans for residents having falls will be compared, to verify that IDT interventions are included. Results of the morning meeting reviews will also be included in the monthly QA&amp;A minutes x 3 months.</p>

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F 280	<p>Continued From page 2</p> <p>when resident is got up in morning for safety with body alarm on." Review of the care plan last updated December 29, 2010, revealed it had not been revised to reflect these recommendations.</p> <p>Medical record review revealed Resident #18 was admitted to the facility on September 6, 2007, with diagnoses to include Coronary Artery Disease, Hypertension, Congestive Heart Failure, Diabetes Mellitus, and Benign Prostatic Hypertrophy.</p> <p>Review of the "Verification of Investigation" report dated February 22, 2010, revealed the resident sustained a fall on February 13, 2010, sliding off bed. Continued review of this document revealed the recommendations from the Interdisciplinary Team included pain assessment, bed in low position, bed in locked position, and therapy screen. Review of the care plan dated August 21, 2009, and updated January 11, 2010, revealed it was not revised to include these recommendations.</p> <p>Review of the "Verification of Investigation" report dated April 6, 2010, revealed the resident sustained a fall on April 2, 2010, "unassisted transfer", without injury. Continued review of this document revealed the recommendations of the Interdisciplinary Team included bed/chair alarm, wheelchair position, bed in low position. Review of the care plan last updated January 11, 2010, revealed it had not been revised to include these recommendations.</p> <p>Medical record review revealed Resident #19 was admitted to the facility on July 6, 2009, with diagnoses to include Diabetes Mellitus, Hypertension, and Chronic Obstructive</p>	F 280			

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F 280	Continued From page 3 Pulmonary Disease.  Review of the "Verification of Investigation" report dated January 27, 2010, revealed the resident sustained a fall on January 27, 2010, while transferring unassisted, with no injuries. Continued review of this document revealed the recommendations of the Interdisciplinary Team included pain assessment, bed in low position, and mats. Review of the care plan dated October 15, 2009, revealed it was not revised to include these recommendations.  Review of the "Verification of Investigation" report dated March 20, 2010, revealed the resident sustained a fall on March 19, 2010, with no injuries. Continued review of this document revealed the recommendations of the Interdisciplinary Team included bed/chair alarm, bed in low position, and mats. Review of the care plan updated March 10, 2010, revealed it was not revised to reflect these recommendations.  Interview with the Director of Nursing (DON) on April 14, 2010, at 10:00 a.m., in the DON's office, confirmed the recommendations for Resident #2 were not included on the care plan. Continued interview with the DON confirmed the bed in low position and bed locked at all times were not included in resident #18's care plan. Continued interview with the DON confirmed the the bed in low position and the mats were not included in resident # 19's care plan.	F 280			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives	F 323			

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F 323	<p>Continued From page 4</p> <p>adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility document review, and interview, the facility failed to ensure a safety device was installed for one resident (#12) of twenty-seven residents reviewed.</p> <p>The findings included:</p> <p>Resident #12 was admitted to the facility on January 22, 2008, with diagnoses including Hypertension, Dementia with Delirium, Paranoia, Anxiety, Alzheimer's Disease, Osteoarthritis, Bilateral Knee Replacements, and Speech Disturbance.</p> <p>Medical record review of the Fall Risk Assessment dated March 15, 2010, revealed the resident was identified at high risk for falls. Medical record review of the Minimum Data Set (MDS) dated March 16, 2010, revealed the resident had short and long term memory impairment; moderately impaired cognitive skills for daily decision making; and required extensive assistance with transfers.</p> <p>Medical record review of the Plan of Care updated on March 22, 2010, revealed the resident was at a high risk for falls and had a history of falls.</p> <p>Medical record review of the nurse's note dated</p>	F 323	<p><b>F 323 Free of Accident Hazards/Supervision/Devices</b></p> <p><b>Residents Affected:</b> For resident #12, Maintenance has been inserviced on the importance of installing safety/protective devices as soon as possible. Also, as part of the inservice, Maintenance was informed of the need to inform the Executive Director or Director of Nursing Services of any reason for delay in installation of these devices.</p> <p><b>Residents potentially affected:</b> Residents of the facility who have been identified as needing safety/protective devices have the potential to be affected by the cited deficient practice. Maintenance has been inserviced on the importance of installing safety/protective devices as soon as possible. Also, as part of the inservice, Maintenance was informed of the need to inform the Executive Director or Director of Nursing Services of any reason for delay in installation of these devices.</p> <p><b>Systemic Measures:</b> During morning meetings, team members will review event reports. Any recommendations by the Interdisciplinary Team related to safety/protective devices will be placed in the maintenance log during this meeting.</p> <p><b>Monitoring Changes:</b> During morning meetings x 3 months, the event reports and maintenance logs will be compared, to verify that IDT recommendations for installation of safety/protective devices has been completed. Results of the morning meeting reviews will also be included in the monthly QA&amp;A minutes x 3 months by the Executive Director.</p>		5/12/10

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F 323	Continued From page 5 April 3, 2010, at 2:10 p.m., revealed "...FALLS: FOUND ON FLOOR in RESIDENT'S BATHROOM, injury: NO APPARENT INJURY..."  Review of the facility's "Verification of Investigation" report dated April 5, 2010, of the Interdisciplinary Team recommendation, revealed "...Anti-rollbacks (brake to attach to wheelchair)..."  Medical record review of the nurse's note dated April 8, 2010, at 7:30 p.m., revealed "...FALLS: FOUND ON FLOOR in RESIDENT'S ROOM (RESIDENT FOUND SITTING IN FLOOR NEXT TO W/C (wheelchair) NEXT TO RESIDENTS BED), injury: NO APPARENT INJURY ..."  Interview on April 13, 2010, at 3:30 p.m., with the Maintenance Assistant, in the A-Wing hall, revealed the Maintenance Assistant installed the anti-roll back brake to the resident's wheelchair on April 12, 2010, (7 days later).  Interview with the Director of Nursing, on April 13, 2010, at 2:40 p.m., in the hall of the dining area, confirmed the Interdisciplinary Team recommended, on April 5, 2010, to place anti-roll back brake to resident's wheelchair. Continued interview confirmed the resident sustained a second fall on April 8, 2010, from the wheelchair prior to the anti-roll back brake being applied to the wheelchair on April 12, 2010.	F 323			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug	F 431			

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F 431	<p>Continued From page 6</p> <p>records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure medications located in one of two medication rooms were within the manufacturer's recommended expiration date.</p> <p>The findings included:</p> <p>Observation of the refrigerator in the medication</p>	F 431	<p><b>F 431 Drug Records, Label/Store Drugs &amp; Biologicals</b></p> <p><b>Residents Affected:</b> No specific residents were identified.</p> <p><b>Residents Potentially Affected:</b> Residents of the facility who receive Barium Sulfate Suspension (Apple Smoothie Redit-Cat and Banana Smoothie Redit-Cat) have the potential to be affected by the cited deficient practice.</p> <p><b>Systemic Measures:</b> The expired medications mentioned were removed. The DNS or her designee for A-C hall, the ADNS for the B hall and the ACU Director will audit the medication rooms on their respective units each week for expired medications. All expired medications will be disposed of properly.</p> <p><b>Monitoring Changes:</b> A medication room audit will be placed on the monthly calendar for Morning meetings x 3 months. At morning meeting each Monday, the DNS, ADNSs and ACU Director will submit their audits from the previous week. The Pharmacy consultant also will check medication rooms for expired medications during routine facility visits. Results of the audits will be reflected in the Monthly QA&amp;A x 3 months by the Executive Director.</p>	<b>5/12/10</b>	

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F 431	Continued From page 7 room on the B wing on April 13, 2010, at 10:00 a.m., revealed one container of 450 milliliters of Apple Smoothie Read-Cat 2 (Barium sulfate Suspension) with an expiration date of September 2009, and one container of 450 milliliters of Banana Smoothie Read-Cat 2 with an expiration date of January 2010.  Interview with the Charge Nurse on April 13, 2010, at 10:25 a.m., confirmed the two containers of Read-Cat 2 were expired.	F 431			

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